

Commonwealth of Kentucky  
Energy and Environment Cabinet  
Department for Environmental Protection  
Division for Air Quality  
200 Fair Oaks Lane, 1st Floor  
Frankfort, Kentucky 40601  
(502) 564-3999  
<http://www.air.ky.gov>

**DEP 7105**

**ADMINISTRATIVE  
INFORMATION**

**ENTER IF KNOWN**

KyEIS#

AI #.

**AGENCY USE ONLY**

Date received:

Log No:

**GASOLINE DISPENSING FACILITY  
REGISTRATION FORM**

1. ☐ Check if you currently hold a permit issued by the Division for Air Quality, and are asking to rescind your existing permit pursuant to 401 KAR 50:035, Section 2(2)(b).
2. ☐ Check if you are a new source required to notify the Division for Air Quality of your activity pursuant to 401 KAR 59:174, Section 4(1).
3. ☐ Check if you are making a change and are required to notify the Division for Air Quality about this change pursuant to 401 KAR 59:174, Section 4(2).

*If you checked box #1, complete Sections 1 and 4.*

*If you checked box #2, complete all sections.*

*If you checked box #3, complete sections 1, 3, and 4, but include in section 3 only information relating to the change.*

**Section 1. FACILITY OWNER INFORMATION**

*Note: The owner may be individual(s) or a corporation.*

OWNER: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(if owner is an individual)

MAILING ADDRESS:

COMPANY: \_\_\_\_\_

STREET or P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Is the Owner (check one): ☐ Individual ☐ Partnership ☐ Corporation

*If the owner is a partnership or corporation, or if the owner is an individual employing a contact person, identify contact person.*

CONTACT PERSON: NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**Section 2. SOURCE LOCATION**

*Note: If the address of the facility is the same as that of the owner, write "Same as owner," but still identify county.*

FACILITY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STREET: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*Identify either the Universal Transverse Mercator (UTM) coordinates or the Standard Location Coordinates.*

UTM Coordinates Zone:   , Horizontal (km):     easting, Vertical (km):     northing.

Standard Coordinates Latitude:   degrees,   minutes,   seconds east;  
Longitude:   degrees,   minutes,   seconds north.

Section 3.		<b>FACILITY PERFORMANCE INFORMATION</b>					
Subsection (1).		<b>AVERAGE MONTHLY THROUGHPUT</b>					
What is the average monthly throughput for each type of fuel?		<i>Notes: See 401 KAR 59:174, Section 1(1)(a). Gasoline includes gasohol.</i>					
(1)	<b>Gasoline</b> _____ gallons Number of Gasoline Dispensing Pumps _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d3d3d3;"> <th colspan="2" style="text-align: left; padding: 5px;">Subsection (2). <b>SMALL BUSINESS MARKETER</b></th> </tr> <tr> <td colspan="2" style="padding: 5px;">           Are you an independent small business marketer of gasoline pursuant to 42 USC 7625(c)?   <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div> </td> </tr> </table>		Subsection (2). <b>SMALL BUSINESS MARKETER</b>		Are you an independent small business marketer of gasoline pursuant to 42 USC 7625(c)?  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>	
Subsection (2). <b>SMALL BUSINESS MARKETER</b>							
Are you an independent small business marketer of gasoline pursuant to 42 USC 7625(c)?  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>							
(2)	<b>Diesel Fuel</b> _____ gallons Number of Diesel Fuel Dispensing Pumps _____						
(3)	<b>Kerosene</b> _____ gallons Number of Kerosene Dispensing Pumps _____						
(4)	<b>Other</b> (specify) _____ gallons Number of Dispensing Pumps _____						

Subsection (3).		<b>STAGE II VAPOR RECOVERY SYSTEM</b>	
(1)	Is a Stage II vapor recovery system already installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2)	Is a Stage II vapor recovery system being installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3)	Is a Stage II system being replaced or modified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4)	Is the facility exempt from installing a Stage II system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5)	If the answer to #2 or #3 is Yes, give estimated date of installation or modification completion. _____		

Section 4.		<b>CERTIFICATION AND SUBMITTAL</b>	
<i>The following certification must be signed by the owner, contact person, or facility representative as defined in 401 KAR 59:174.</i>			
I certify that, following reasonable inquiry and to the best of my knowledge, the information contained in this registration form is complete and accurate.			
Signature: _____		Date: _____	
Print Name and Title: _____			
Submit the completed form to the Division for Air Quality at least 30 days prior to installing or modifying a Stage II vapor recovery system.			